

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000050959

**FILED**  
**Jan 25, 2007**  
**Secretary of State**

**Entity Name:** FLORIDA HOME CENTER, LLC

**Current Principal Place of Business:**

500 UNIVERSITY BOULEVARD, SUITE 218  
JUPITER, FL 33458

**New Principal Place of Business:**

2620 WEST COMMUNITY DRIVE  
JUPITER, FL 33458

**Current Mailing Address:**

500 UNIVERSITY BOULEVARD, SUITE 218  
JUPITER, FL 33458

**New Mailing Address:**

2620 WEST COMMUNITY DRIVE  
JUPITER, FL 33458

FEI Number: 20-2888697

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MUSKAT, JACLYN G ESQ.  
500 UNIVERSITY BOULEVARD, SUITE 218  
JUPITER, FL 33458 US

**Name and Address of New Registered Agent:**

MUSKAT, JACLYN G ESQ.  
2620 WEST COMMUNITY DRIVE  
JUPITER, FL 33458 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JACLYN G. MUSKAT

01/25/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MUSKAT, JACLYN G  
Address: 500 UNIVERSITY BOULEVARD, SUITE 218  
City-St-Zip: JUPITER, FL 33458

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MUSKAT, JACLYN G  
Address: 2620 WEST COMMUNITY DRIVE  
City-St-Zip: JUPITER, FL 33458

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JACLYN G. MUSKAT

MGRM

01/25/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date